_								_				_		
/	BASENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket 09/610.704					
K O	```\\	Substil	ute for Form	10-873						-			OWNED W	
163	JAN 1 8 2005 CLAIMS AS FILED -I			ART I (Column 2)				SMALL ENTITY			OR	OTHER TI		
FOR RAPESANT		<i>i</i>	ER FILED		NUMBER	EXTRA			RAT	ΓE	FEE	1	RATE	FEE
BASIC FEE (37 CF 1.16(a))								1			s	OR		s
MAR 1 01 11110			minus	inus 20 = •		0		1	x S			OR	× S=	
DIDENCAMENT CLADIC			minu	nus 3 =		0			x	-		OR	x =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									+_			OR	+0 =	(
If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL										OR	TOTAL	\$0		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMA	LL EI	YTITY	OR	OTHER TH	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA			RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 42	Minus	••	20	-	22	1	x \$	_=		OR	x \$ <u>50</u> =	1,100
	Independent (37 CFR 1.16(b))	• 4	Minus	***	3	=	1	11	×	=		OR	x <u>200</u> =	200
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR)		11	+_	-		OR	+0 =	0
(Column 1) (Column 2) (Column							ımı 3)	A	TOTA			OR	TOTAL DDIT. FEE	\$1,300
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	_	PRE	GHEST JMBER VIOUSLY ID FOR		SENT TRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	.40	Minus	••	42	=	0	11	x \$	_=		OR	x \$=	0
	Independent (37 CFR 1.16(b))	· 4	Minus	•••	4	=	0	11	×	. =		OR	×=	0
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))									. =		OR	+0=	0
									TOTA			OR	TOTAL DDIT. FEE	50
AMENDMENT C	-	CLAIMS REMAINING AFTER AMENDMENT		HIO NU PRE	GHEST JMBER VIOUSLY ID FOR	PRE	SENT		RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**		=	0	11	x \$	_=		OR	x S=	٥
	Independent (37 CFR 1.16(b))	•	Minus	***		-	0	11	×			OR	× — =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (J7 CFR 1.16(4)) + = -									-	OR	+ _0=	0	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. TOTAL ADDIT. FEE ADDIT. FEE												\$0		
••• 10	the "Highest Numb	er Previously Paid Fo	" IN THIS SPA	CE is less	than 20, enter	"20".		ΑĐ	UII. FE				DDII. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the anomat of time you require to complete this form anylors aggressions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradentary Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.